

CLAIM FOR SERVICES AS SPECIAL JUDGE

Name: _____

Voucher No. _____

Address: _____

City and State: _____

Social Security No.: _____

or

Federal ID No.: _____

PRIVACY NOTICE: Your Social Security or Federal ID Number is requested as the Auditor of State must comply with Federal IRS requirements. (IC 4-1-8)

FOR DIVISION USE

TOTAL FEES \$ _____

(from reverse side)

Pay Period Ending _____

FOR DIVISION USE

Account No. 100-036.8

Agency: Supreme Court

Appropriation Name: Special Judge

Object Amount (Travel from reverse side)

.801 \$ _____ Mileage

.802 \$ _____ Reimbursable Expenses

Total \$ _____ (Paid for Travel)

Pre-audited by: _____

DIVISION'S CERTIFICATION

I certify this claim is correct, it is a proper charge against the agency and account number indicated and payment thereof is authorized.

Division of State Court Administration

Date

CLAIMANT'S CERTIFICATION

I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid. (IC 5-11-10-1)

Claimant

Date

INSTRUCTIONS

1. List services in chronological order.
2. All claims for covered period must be included.
3. Claims should be filed within ninety days.
4. Attach verification forms (Form 369B) for each court where services were rendered and fees or travel expense is claimed.
5. Attach receipts when reimbursable expenses are claimed.
6. NOTE: Separate state warrants will be issued for fees and travel expenses.

General Form No. 369B

Special Judge: _____

[illegible]